

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734142

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** MARIANNA BAND BOOSTERS, INC.

**Current Principal Place of Business:**

MARIANNA HIGH SCHOOL  
P O BOX 5724  
MARIANNA, FL 324472724

**New Principal Place of Business:**

MARIANNA HIGH SCHOOL  
3546 CAVERNS ROAD  
MARIANNA, FL 32447 US

**Current Mailing Address:**

P.O. BOX 5724  
MARIANNA, FL 32446

**New Mailing Address:**

**FEI Number:** 59-2443086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEESE, CHRISTOPHER M  
4700 EBONY COURT  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEESE, CHRISTOPHER M  
Address: 4700 EBONY COURT  
City-St-Zip: MARIANNA, FL 32446

Title: SD ( ) Delete  
Name: DEESE, JAN A  
Address: 4700 EBONY COURT  
City-St-Zip: MARIANNA, FL 32446

Title: TD ( ) Delete  
Name: BONTRAGER, IMOGENE  
Address: 5004 BONTRAGER LANE  
City-St-Zip: MARIANNA, FL 32448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. DEESE

PD

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date